2019 ARIZONA BUSINESS PROPERTY STATEMENT

THIS STATEMENT IS CONFIDENTIAL AND IS SUBJECT TO AUDIT BY THEASSESSOR. FAILURE TO COMPLETE AND RETURN BY THE REQUIRED DATE WILL RESULT IN A PENALTY OF TEN PERCENT OF THE AMOUNT OF TAXES DUE, PURSUANT TO A.R.S. § 42-15053(F)(2).

SECTION 1: COMPLETE THIS SECTION ONLY IF THIS IS A NEW BUSINESS OR IF THERE IS A CHANGE IN NAME AND / OR ADDRESS.

_____C/O____

ASSESSOR'S USE ONLY								
TAXPAYER / ACCOUNT NUMBER LOC								
NEW TAXPAYER								
AREA CODE								
PRORATE 10% PENALTY YES								

COMPLETE IN FULL AND RETURN TO ASSESSOR

BY:

MAILING DATE

DO NOT MAKE CHANGES IN ADDRESS AREA - SEE SECTION 1 BELOW **IMPORTANT - READ FIRST!** Before completing this form, please read the instructions for information on reporting requirements and the amount of exemption.

SIGN SECTION 6 TO CLAIM THE EXEMPTION.

1. BUSINESS NAME _____

2. ADDRESS											
3. PROPERTY LOCATION ADDRESS					CITY		STATE_	AZ	_ZIP_		I
4. BUSINESS TYPE (Manufacturing, Office, Restaurant, etc.) 5. DATE STARTED IN THIS COUNTY CONTACT PERSON						FEIN _					-
5. DATE STARTED IN THIS COUNTY CONTACT PERSON					PHONE						
SECTION 2: DO NOT MAKE CORRECTIONS IN THIS SECTION. MAKE ALL CHANGES, ADDITIONS OR DELETIONS TO PROPERTY COST LISTED BELOW IN SECTION 4. THE ACQUISITION COST OF PROPERTY REPORTED LAST YEAR IS LISTED BELOW BY SCHEDULE AND YEAR ACQUIRED.											
SCHED. YEAR	ACQUISITION COST	CLASS	CODE	SCHED.	YEAR	ACQUISITION	COST	CI	LASS	CODE	

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SHADED AREAS FOR ASSESSOR'S USE ONLY

BUSINESS NAME TAXPAYER / ACCOUNT NUMBER **SECTION 3:** CLASS CLASS CLASS CLASS CLASS CLASS CLASS CLASS CLASS ASSESSOR'S В C D E G J Q П USE TBL# LIFE TBL# LIFE TBL# LIFE TBI# LIFE TBL# LIFE TBL# LIFE TBL# LIFE LIFE TBL# LIFE TBL# **ONLY** SECTION 4: ADDITIONS AND DELETIONS: ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE FOR PROPERTY ACQUIRED DURING THE PRIOR YEAR WHICH YOU OWNED ON 12/31/2018. ENTER YOUR ACQUISITION COST IN THE APPROPRIATE SCHEDULE AND THE YEAR OF ACQUISITION FOR ALL PROPERTY DELETED DURING THE PRIOR YEAR. **SCHEDULE** В C D F G O Α OFFICE FURNITURE STORE, MOTEL MACHINERY SPECIAL COMPUTER SUPPLIES CONSTRUCTION COPYING NUMBER OF YEAR OF APARTMENT TOOLS **EQUIPMENT** ON HAND **EQUIPMENT EQUIPMENT** RENTAL VIDEO AND ADDITIONS OR DIES AND FURNITURE EQUIPMENT DECEMBER 31 **TAPES DELETIONS** FOUIPMENT AND FIXTURES ADDITIONS: YEAR QUALIFIED NON-QUALIFIED QUALIFIED NON-QUALIFIED **DELETIONS: YEAR** 20 20 20 20 20 20 20 20 20 20 ADDITION OR TABLE **ACQUISITION** ACQUISITION YEAR DESCRIPTION LIFE COST **DELETION** NO Qualified Qualified SCHEDULE F: OTHER **PROPERTY** Non-Qualified Non- Qualified Qualified SCHEDULE H: LEASEHOLD IMPROVEMENT Qualified Non-Qualified Non-Qualified SECTION 5: ADDITIONAL INFORMATION REQUIRED. **LEASED OR RENTED PROPERTY:** Attach a list of all leased or rented property in your possession. UNOWNED PROPERTY: Attach a list of property located at your place of business which you do not own, lease, or rent. GOVERNMENT OWNED LAND: If located on government property, attach a list providing the government owner's name and address. SECTION 6: AFFIRMATION OF PROPERTY STATEMENT AND CLAIM OF EXEMPTION By signing below, I hereby affirm that this is a full, true, and complete statement of property that is claimed by, or that is in the possession or control of the undersigned, and it is verifiable from records and files of the above named business. The person whose signature is affixed below likewise claims an exemption amount not to exceed the first \$176,003 of full cash value. Each eligible taxpayer is entitled to one statewide exemption. Print Name of Property Owner or Authorized Agent Date Name of County in which you are Claiming Exemption Signature of Property Owner or Authorized Agent Phone

SUPPLEMENTAL INFORMATION ATTACHED? YES multiple counties, include list in Supplemental Information.

NO

Indicate the county in which you are claiming exemption. If claiming exemption in